AMENDMENT TRANSMITTAL LETTE				ΓER	Docket No. 08212/1200269-US1/NC30569U	
Application No. 10/084,003-Conf. #5763		Filing Date February 25, 2002			miner	Art Unit
				M. Jung		2663
olicant(s): Har	nu Flinck et al.					
ention: SYSTE	M AND METH	OD FOR FAS	T GPRS FOR	IPV6 COMM	MUNICATIONS	
***************************************	TC	THE COMMI	SSIONER FO	OR PATENTS	<u> </u>	
	submits three (3	3) sheets of dra	awings (2 Re	placement, 1	n. Along with the New); and pag	
ne fee has beer	n calculated an					
	Cialms		S AS AMEN	DED		
	Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	20	- 20 =		x		
Independent Claims	3	- 3 =		x		
Multiple Depend	e specify):		<u> </u>			
Other fee (pleas	IONAL FEE F	OR THIS AME				0.00
Other fee (pleas	IONAL FEE FO		NDMENT:	Small	Entity	0.00
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Other fee (pleas TOTAL ADDIT X Large Entity X No additions Please char A duplicate A check in the payment by X The Director	al fee is require ge Deposit Acc copy of this sho ne amount of \$ credit card. Fo	od for this amerount No.	NDMENT: Indment. I to cover is attached. ge and credit	n the amount the filing fee	of\$is enclosed.	
Other fee (pleas TOTAL ADDIT X Large Entity X No additions Please char A duplicate A check in the payment by X The Director as described	al fee is require ge Deposit Acc copy of this shi ne amount of \$ credit card. Fir	count Noeet is enclosed	NDMENT: Indment. I to cover is attached. ge and credit	n the amount the filing fee	of\$is enclosed.	·
Other fee (pleas TOTAL ADDIT X Large Entity X No additions Please char A duplicate A check in ti Payment by X The Directo as described X Credit a	al fee is require ge Deposit Accopy of this shie amount of \$ credit card. Fi is hereby author below. A-dup ny overpaymen any additional fill	od for this amerount No. eet is enclosed orm PTO-2038 orized to charolicate copy of the co	NDMENT: I. to cover is attached. ge and credit	n the amount the filing fee Deposit Accenclosed. fees required	is enclosed. ount No0 under 37 CFR 1	4-0100 .16 and 1.17.
Other fee (pleas TOTAL ADDIT X Large Entity X No additions Please char A duplicate A check in ti Payment by X The Directo as described X Credit a	al fee is require ge Deposit Accopy of this shine amount of \$ credit card. Fir is hereby auth di below. A dup ny overpaymer any additional fil	od for this amenount No	NDMENT: I. to cover is attached. ge and credit	n the amount the filing fee Deposit Accenclosed. fees required	is enclosed.	4-0100 .16 and 1.17.